



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEET TRANSMITTAL

## for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ ) 810.00

### Complete if Known

Application Number	10/572,695
Filing Date	3/21/06
First Named Inventor	David Lowell Mcneely
Examiner Name	Qutbuddin Ghulamali
Art Unit	2611

### METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

**Customer Number 24498**

Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

##### Small Entity

Fee (\$) Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

##### Total Claims

##### Extra Claims

##### Fee (\$)

##### Fee Paid (\$)

##### Multiple Dependent Claims

##### Fee (\$)

##### Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

##### Independent Claims

##### Extra Claims

##### Fee (\$)

##### Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____	_____	= _____

#### 4. OTHER FEE(S)

RCE Fee

Fees Paid (\$)

\$810.00

Other (e.g., late filing surcharge):

### SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	818-260-4599
Signature				Date	11/05/10



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Examiner Name	Qutbuddin Ghulamali
Art Unit	2611
Attorney Docket No.	PU030265

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Deposit Account Name: THOMSON LICENSING LLC

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RCE Fee

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## SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	818-260-4599
Signature				Date	11/05/10

This collection of information is required by 37 CFR 1.126. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.